

**STATE OF CALIFORNIA HOME PROGRAM  
PROJECT DRAWDOWN REQUEST**

Contractor Name: \_\_\_\_\_

HOME Contract Number: \_\_\_\_\_-HOME-\_\_\_\_\_

If this is the first payment request for a project, the sources and amounts identified below should include all of those expended at the time of this request. All subsequent requests should include all those sources and amounts used since the last payment request for the project. Please request and report funds rounded to the nearest dollar (no cents), and do not request less than \$100 unless it is your final drawdown request. Do not include program administrative funding. Any funds in a State Recipient's HOME Program Income (Local Account) **MUST** be used before new HOME funds are drawn down from the IDIS System. If the project was set up without tenant/owner name(s), please include the name(s) on this form for inclusion into the Department's records.

Funding Source Code	Funding Source Description	Amount	Check (✓) if Amount Not Included in Project Total	Check(✓) If Match
1	HOME Funds	\$		
		\$		
		\$		
		\$		
		\$		

HUD Activity Number: _____ UOG Code: _____ Grantee Activity Number: M _____-___		Drawdown Request Number:	
For TBRA, Number of Tenants Assisted:	Final Draw?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For other than TBRA Project:	Owner Name:		
Project Address:			

**STATE OF CALIFORNIA HOME PROGRAM  
PROJECT DRAWDOWN REQUEST**

Contractor Name: \_\_\_\_\_

Standard Agreement Number: \_\_\_\_\_-HOME-\_\_\_\_\_      Grantee Activity Number: M\_-----

This **certifies** to the following with respect to the above-named project:

1. that an inspection has been made of the above-identified project for which construction progress payments are requested or for which an inspection is otherwise required;
2. that a record of such inspection is being maintained in the project's permanent file;
3. that to the best of my knowledge this report is true in all respects;
4. that **all funding sources and amounts reported herein have been expended or will be expended at the time the requested HOME Program funds are disbursed** in accordance with the above-numbered Standard Agreement;
5. that **the work for which payment is being requested has been completed and the costs have been incurred;**
6. that all construction contractors and subcontractors being paid with the proceeds of this drawdown are licensed and in good standing with the California State Contractor's License Board, and are not listed on the Federal Consolidated List of Debarred, Suspended, and Ineligible Contractors;
7. that there are no mechanics liens recorded against the project from previous drawdowns; and
8. that I am specifically authorized to sign documents of this nature for the HOME Program on behalf of the State Recipient/CHDO. Proof of such authorization was submitted to the Department prior to this drawdown request or is attached to this request.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date